



Iowa Child Development Coordinating Council

*Shared Visions Programs
State Funded Preschool &
Parent Support Programs*



Annual Report to the Governor



July 1, 2004-June 30, 2005



Iowa programs' average rating on the Early Childhood Environment Rating Scale - Revised (ECERS-R) was **5.8** versus the national average of **4.26** (on a scale of 1-7 with 5 being *good* and 7 being *excellent*).

Over **91 percent** of Iowa programs were considered good quality as compared to less than 20 percent of programs nationwide.

(National Center on Early Development and Learning, 1999).

Iowa Child
Development
Coordinating Council
Shared Visions Programs
State Funded Preschool &
Parent Support Programs

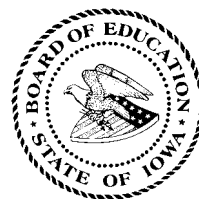
Annual Report
to the Governor

This report may be accessed electronically at:

<http://www.state.ia.us/educate/ecese/is/cdcc/documents.html>

July 1, 2004-June 30, 2005

State of Iowa
Department of Education
Grimes State Office Building
Des Moines, Iowa 50319-0146



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Letter to the Governor

December 17, 2005

The Honorable Thomas Vilsack
Governor of Iowa
Iowa State Capitol
Des Moines, IA 50319

Dear Governor Vilsack:

On behalf of the Child Development Coordinating Council, we are pleased to present the annual report for July 1, 2004 to June 30, 2005. The Council advises the Department of Education regarding the Shared Visions programs and the need for investment of quality child development programs and services. This report summarizes the work of the Council and highlights the quality of the state funded Shared Visions programs.

During the past year the Council chose to focus efforts on improvement of the state system and local programs. Primary areas of emphasis were:

- Improving the quality of Shared Visions Preschool programs; and
- Improving the evaluation data.

As you will note, the annual report includes comprehensive data regarding the Shared Visions programs. The information has been provided by Penny Milburn, the coordinator for 2004-05, and newly assigned Shared Visions Coordinator, Susan Andersen. The data is provided for the two state funded early childhood programs: 1) Shared Visions Parent Support Programs for children birth to 3-years-old and their families; and 2) Shared Visions Pre-school Programs for children 3- to 5-years-old.

Thank you for your support in ensuring that our youngest children begin their development with quality care and education from our state system.

Sincerely,



LauraBelle Sherman-Proehl, Ph.D., Council Chair
Child Development Coordinating Council
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Council Members 2004- 2005

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Part I

Child Development Coordinating Council:

2005 Annual Report

*The source of all data (unless otherwise noted) is the Iowa Department of Education,
Bureau of Children, Family and Community Services,
CDCC Shared Visions Grant Year End Report, 2004-2005 Summary.*



Overview

The Iowa Child Development Coordinating Council (CDCC) presents this report, fulfilling the requirement to annually submit recommendations to the governor and the general assembly on the need for investment in child development services.¹ The CDCC conducts meetings on the third Wednesday each alternating month of January, March, May, July, September, and November in Des Moines. Council meetings are open to the public.

The mission of CDCC is to advocate for Iowa's children and families and support model comprehensive child development and parent support programs for at-risk children and their families. CDCC ensures the development, delivery, and promotion of high quality, comprehensive early childhood services through:²

- the minimum guidelines established for comprehensive early child development services for at-risk 3- and 4-year-old children;
- the establishment of parent support programs to enhance the skills of parents in providing for the learning and development of their children;
- cost-effective child development services for at-risk 3- and 4-year-old children;
- comprehensive services such as child care, transportation, family support and education, developmental screening, and referral to health professionals; and
- equity of access to these services for all Iowa's children and their families.

The CDCC advises and assists the Department of Education regarding the administration and implementation of state funded programs for children ages birth to five. The members of the CDCC hold these beliefs:

- High quality early childhood programs help children become successful adults.
- Provision of high quality early childhood programs can result in:

¹ IAC 256A, IAC 279.51, and IAC 281

² IAC 256A

Mission

Purpose and Beliefs

- fewer children requiring special education services;
 - more students graduating from high school;
 - more students attending college or job training;
 - more youth/young adults becoming employed;
 - more employees experiencing satisfaction with work;
 - fewer persons arrested for criminal acts, violence, and minor offenses;
 - fewer teenagers giving birth; and
 - fewer persons receiving public assistance.
- Children are best served in a developmentally appropriate program.
 - Comprehensive quality programs provide services to assist families toward self-sufficiency and productivity.

2004-2005 Activities

During 2004-2005 the CDCC:

- Initiated changes to the CDCC Renewal Application and Year End Report;
- Reviewed policy initiatives related to high quality, comprehensive child development services;
- Reviewed Iowa Early Learning Standards;
- Reviewed Iowa Quality Preschool Program Standards;
- Conducted an extensive study of National Association for the Education of Young Children (NAEYC) Draft Program Standards and Accreditation Performance Criteria to provide comment to NAEYC and determine the implications for Shared Visions preschool programs; and
- Supported activities to improve the quality of the Shared Visions programs through administrators' meetings and training on math and literacy development for children.

As a result of the Council's activities, CDCC plans for 2005-2006 include:

Future Plans

- Continued evaluation of program quality and child outcomes for Shared Visions preschool children.
- Improving the quality of Shared Visions preschool programs by providing continued technical assistance for accreditation awarded by the NAEYC.
- Maintaining and promoting high quality services in the current climate of reduced budgets by expanding local and state partnerships.
- Advocating for increased funding to these high quality programs.
- Reviewing the rules for Shared Visions preschool programs to incorporate quality standards and NAEYC accreditation revisions.

Part II

Shared Visions:

Parent Support Programs



Overview

Iowa Shared Visions Parent Support Programs were established in Iowa Code in 1987.

The programs include:

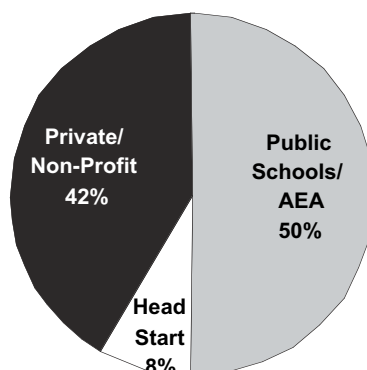
- Family support programs serving high-risk children in approximately 15 Iowa counties (for families with incomes below 130 percent of the poverty level). Figure 1 shows the location of the Parent Support Programs since 1991. Some grantees serve multiple counties;
- Twelve grantees located in area education agencies, public schools, Head Start, and private non-profit agencies (Figure 2: Parent Support Grantees 2004-2005);
- Individual and/or group opportunities for families to obtain information focusing on parenting skills, child growth and development, building of self-concept, nutrition, positive guidance techniques, family resource management, parent literacy, and accessing the array of supportive services from a network of agencies that are available to families; and
- Collaborative partnerships between local Community Empowerment Area Boards, Head Start, local childcare, area education agencies, and school districts.

State level technical support was provided by Penny Milburn, Shared Visions State Coordinator in 2004-2005.

Figure 1. Shared Visions Parent Support Programs for 2004–2005.



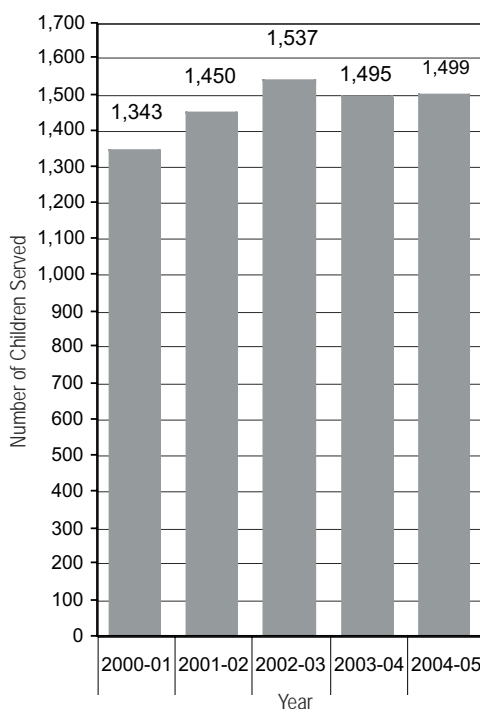
Figure 2. Parent Support Grantees, 2004-2005.



Funding

In 2004-2005 state funds of \$727,106 provided twelve Parent Support Programs serving nearly 1,500 children birth to 3 years of age and their families. Figure 3 shows a 5 year trend of enrollment and the decline and then maintenance of enrollment the last 2 years. Approximately one-half of the children qualified for Shared Visions based upon poverty, the remaining children qualified with other risk factors.

Figure 3. Children Served by Shared Visions Parent Support Programs



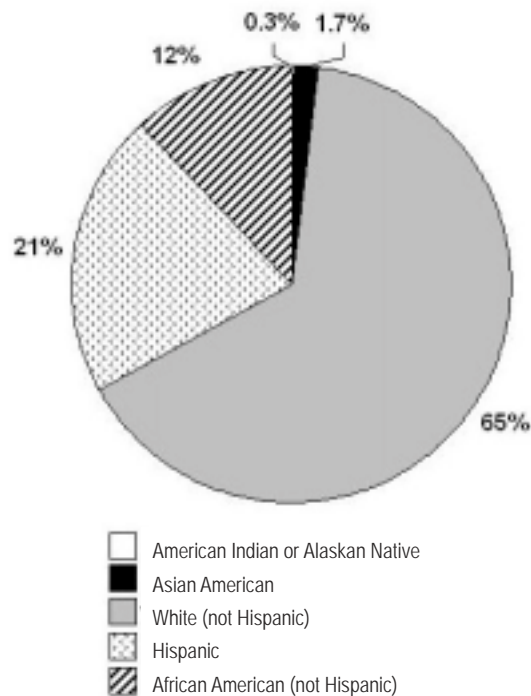
Programs

Enrollment

When compared to Iowa's PK – 12 school population, the Parent Support Programs serve families that represent much greater diversity:

- Twelve percent African American families compared to 4.8 percent public school age children;
- Twenty percent Hispanic families compared to 5.4 percent public school age children;
- Sixty-five percent White families compared to 87.4 percent public school age children;
- American Indian percent of 0.3 or Alaskan Native compared to 0.6 percent public school age children;
- Asian American families percent of 1.7 compared to 1.9 percent public school age children.

Figure 4. Shared Visions Parent Support Enrollment by Race/Ethnicity

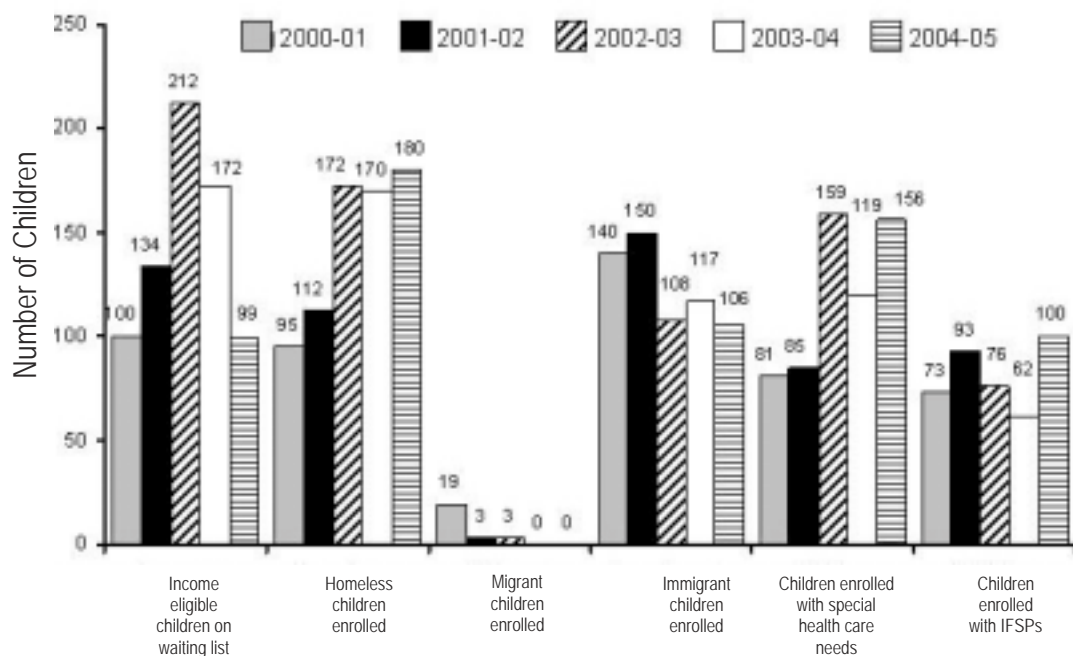


Demographic Information for Children

Figure 5 describes the characteristics of children served in Shared Visions Parent Support Programs, as well as eligible children on the waiting list. As indicated by the figure, the children served by Shared Vision Parent Support Programs have multiple risk factors. The figure shows the number of children and change of risk factors over time. This also demonstrates the increasing need for parent support as evidenced by the number of income eligible children on the waiting list.*

**Due to flat funding and budget cuts, programs have not actively recruited families, therefore the number of children eligible for services is greater than the waiting list represents (see Figure 5).*

Figure 5. Demographic Information for Children Served in Parent Support Programs



What are research based indicators of quality for parent support programs?³

- Services provided prenatally or at birth;
- Early and continuing assessment to identify families who are most in need of services and to link families with appropriate services;
- Information to assist families in accessing a “medical home” provider to assure optimal health and development;
- Services that acknowledge and are respectful of each family’s cultural and ethnic background;
- Services that are voluntary and use positive, persistent outreach efforts to build family trust;
- Opportunities for families to enhance their parenting skills, knowledge, and understanding of educational and developmental needs of their children; and
- Qualified staff.

The teachers of the Shared Visions Parent Support Programs provide:

- Services are provided to children and their families prenatally or as soon as the child is eligible. The Parent Support Program may provide services to multiple children in a family.
- Developmental screening is provided to determine if a child is at risk for a disability and to link families with appropriate resources to address the growth and development of their child.
- Resources are identified to help families provide health insurance, immunizations, and other medical and dental services for their child through programs such as HAWK-I, Child Health Specialty Clinics and other public health clinics.
- Home visiting, children’s play groups, and parent education meetings are held to address the needs of each family and honor their cultural and ethnic background.
- Trusting and respectful relationships exist that build upon each family’s strengths. Many families are supported in furthering their education and finding employment.

Parent Support Program Indicators of Quality

The Shared Visions Parent Support Programs address these indicators in the following ways:

³ Prevent Child Abuse—America, Healthy Families America. Standards for Practice for Healthy Families America. Head Start Performance Standards, Section 1304.40. <http://www.acf.hhs.gov/programs/hsb/performance/#pdf>

- Parent Support Programs connect families with resources to support childcare such as subsidies from the Department of Human Services.
- Materials and resources that assist families in enhancing their parenting skills and promote positive interactions between the parent and child are provided.
- All family support staff holds at least an A.A. degree in early childhood education, social services, or nursing. About 86 percent of the staff holds a B.A. with two individuals holding a master or doctoral degree.

Results of Shared Visions Parent Support Programs

The Programs provided these results:

- Resources to support child care such as child care subsidy;
- Resources and support in furthering adult education;
- Resources to help families provide health insurance, immunizations, and other medical and dental services for their child through programs such as HAWK-I, Child Health Specialty Clinics and other public health clinics; and
- Developmental screenings for all children.

Families participating in the Shared Visions Parent Support Programs experienced these outcomes based upon program research⁴:

- Significantly increased levels of self-sufficiency in employment;
- Increased levels of education—family members completed high school and some participated in post secondary training;
- Reduced levels of family violence from 25 percent to 20 percent; and
- At least 96 percent of children were immunized.

⁴ Peterson, C.A. & McBride, S. L. Iowa Family Support Programs, 1996-1997, Evaluation Report, September, 1998.

Shared Visions Parent Support grantees contribute to the results of Iowa's Early Care, Health, and Education system.⁴

Healthy Children

- At least 96 percent of the children participating in the Shared Visions Parent Support programs received all their immunizations. Approximately 1,276 of the 1,464 or 87 percent of the children served have health insurance.

Safe and Supportive Communities

- Shared Visions Parent Support Programs report a decrease in the percentage of children experiencing abuse and neglect.

Secure and Nurturing Families

- Shared Visions Parent Support Programs report decreases in domestic and family violence.

⁴ Peterson, C.A. & McBride, S. L. Iowa Family Support Programs, 1996-1997, Evaluation Report, September, 1998.

Future Needs

The impact of the Shared Visions Parent Support Programs would be increased by:

- Providing funding to support additional sites and increase the level of contact hours for families. No additional communities in Iowa have been provided the opportunity to apply for Shared Visions at-risk state funds since 1996.
- Providing funding for a comprehensive evaluation of the programs and outcomes for children.
- Provide a cost of living allowance to support and maintain the quality of Parent Support Program staff.
- Meet the needs of 99 families on the waiting list.

Part III

Shared Visions: Preschool Programs

*Data Source (unless otherwise noted) Iowa Department of Education
Bureau of Children, Family and Community Services
CDCC Shared Visions Grant Year End Report, 2004-2005 Summary*

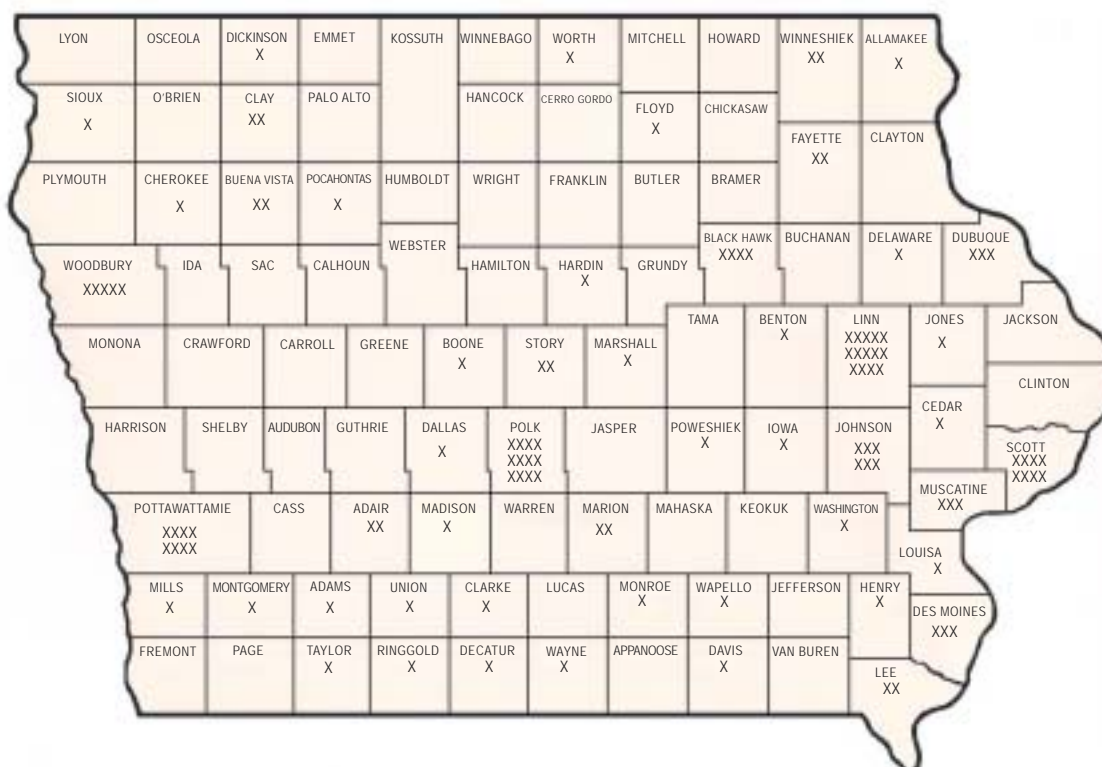


The Iowa Shared Visions Preschool Programs were established in *Iowa Code* in 1987 with appropriated state funds and provide:

Overview

- High quality child development programs for children ages three to five years of age who are at high risk for later success in school and life for families who have an income below 130 percent of the poverty level;
- Collaborative partnerships between local Community Empowerment Area Boards, Head Start, childcare, and school districts in 51 Iowa counties;
- A high level of accountability, documented success, documented extensive data collection, a history of established programming in the community with highly trained staff; and
- Programming in diverse settings to support community need and family choice. Figure 6 shows the locations of these preschool classes.

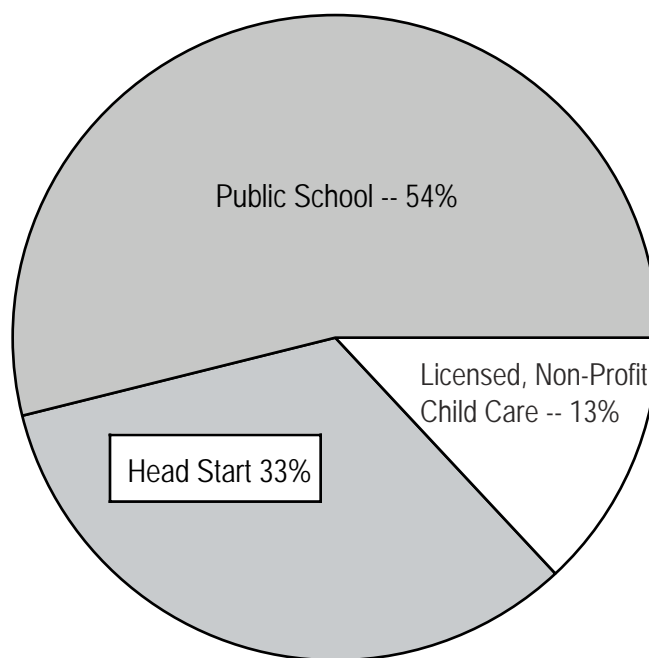
Figure 6. Shared Visions Preschool Grantees.



Grantees

The 109 Shared Visions Preschool Grantees are located in diverse agencies including: public schools, Head Start agencies, and licensed non-profit childcare centers (see Figure 7). This model allows for and supports parent choice while ensuring quality and accountability.

Figure 7. Shared Visions Preschool Grantees.



Funding

In 2004-2005 state funding was \$6,887,531 and provided:

- 109 Preschool programs in 112 classrooms; and
- Services to 2,167 children ages 3 to 5.

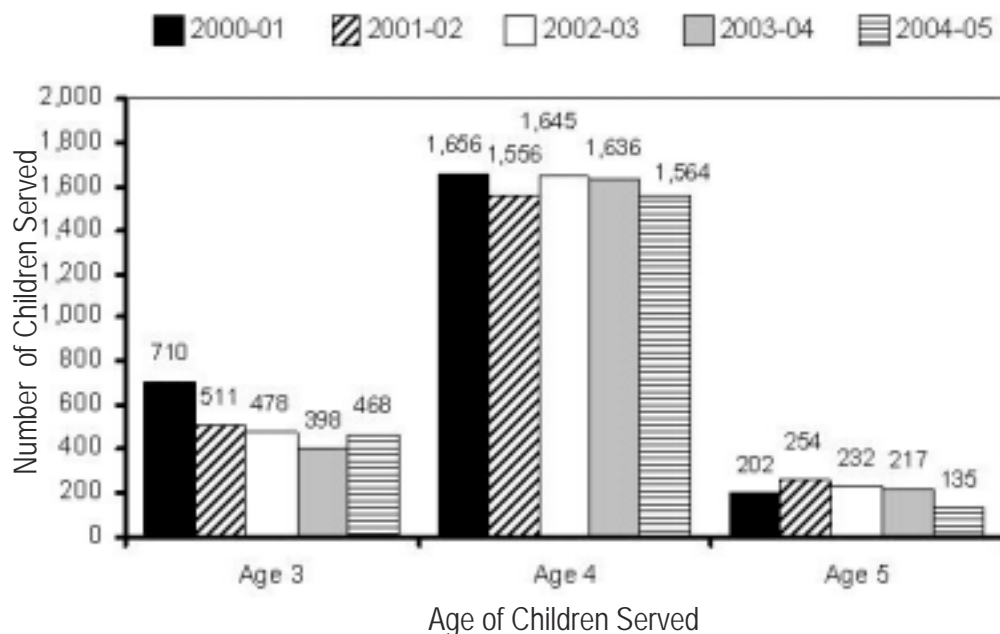
The number of children served has decreased the past 3 years for children ages 4 and 5 (see Figure 8).

The state funding only supports half of the actual expenses needed to keep programs operating at this time.

State level technical support was provided by Penny Milburn, Shared Visions State Coordinator in 2004-2005.

Figure 8. Number and Age of Children Served in Shared Visions Preschool Programs.

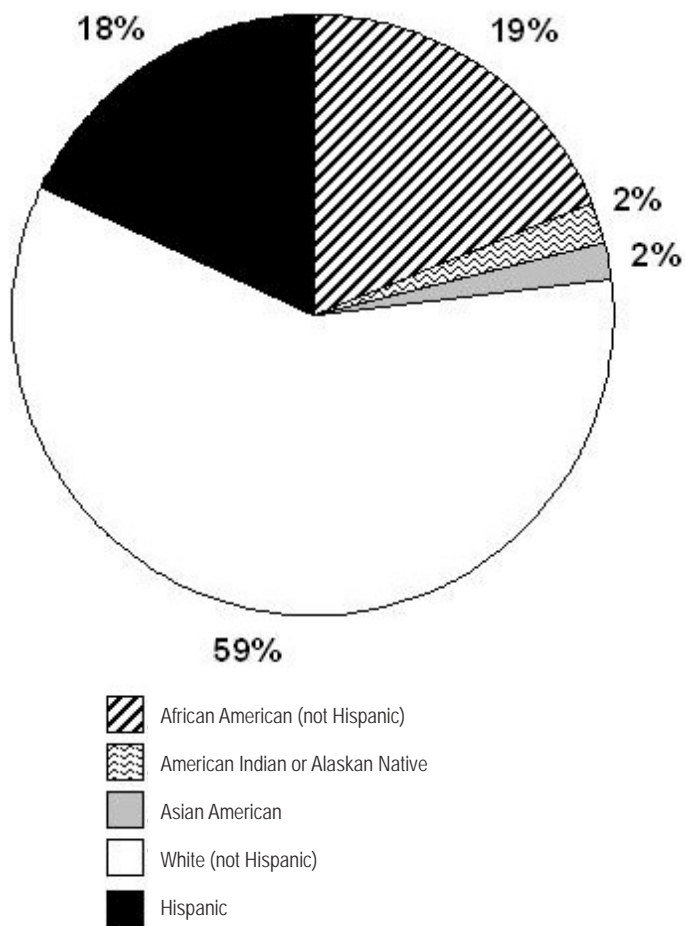
Five Year Trends for the Children Served in Shared Visions Pre-school Programs



About 85 percent of the children qualifying for the Shared Visions Preschool Programs are at-risk due to poverty with the remaining children qualifying due to other at-risk factors. Figure 9 indicates enrollment by race/ethnicity. The preschool programs are serving an increasingly diverse population. The programs serve 18 percent more American Indian children; 13 percent more Hispanic; 14 percent more African American; and 1 percent more Asian American children than Iowa's PK – 12 public school population.

Ethnicity

Figure 9. Shared Visions Preschool Enrollment by Race/Ethnicity.



PK-12 Student Population 2004-2005:

Iowa Condition of Education Report

Iowa Department of Education

PK-12 Student Population		Shared Visions Preschool Population	
White	87.4%	White	59%
African American	4.8%	African American	19%
Hispanic	5.4%	Hispanic	18%
American Indian	.6%	American Indian	19%
Asian	1.9%	Asian	2%
Low Income	31.1%	Low Income	85%

Comprehensive services are provided by Shared Visions Preschool Grantees. Transportation is provided by 54 percent of the grantees allowing children access to the preschool programs (see Figure 10).

Comprehensive Services

Thirty-nine percent of the grantees provide child care services to working families (see Figure 11). About half of these grantees provide child care by means of “wrap around” funds from Department of Human Services or partnering with Head Start and Community Empowerment Areas.

Figure 10. Shared Visions Preschool Grantees Providing Transportation.

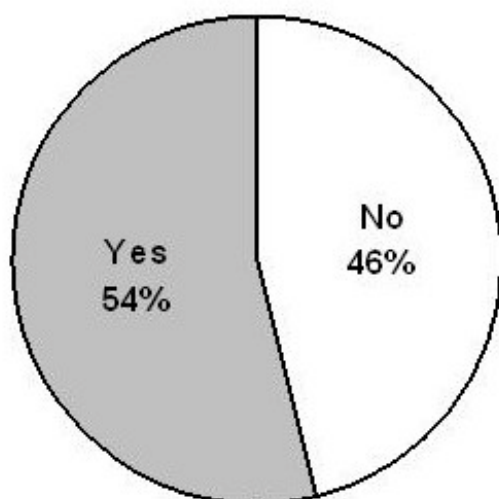
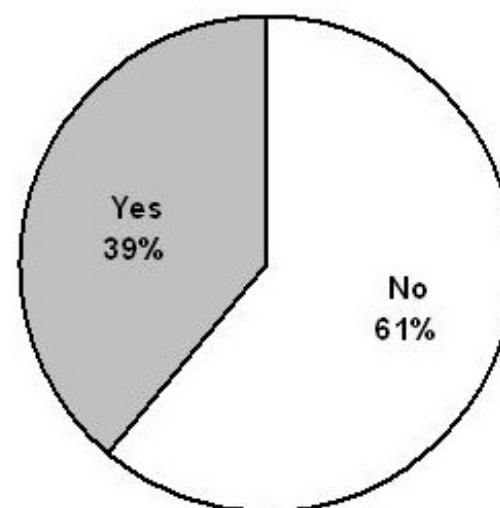


Figure 11. Shared Visions Preschool Grantees Providing Child Care.



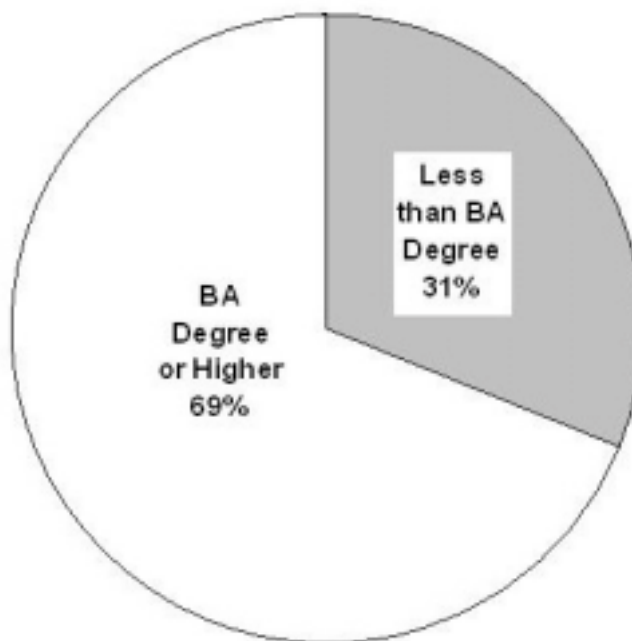
Primary Indicators of Quality

What are the research-based indicators of preschool quality?

Primary indicators of quality child development programs include the education level of the teacher, goal-oriented curriculum, systematic assessment, and national accreditation of the program.

- Shared Visions preschool programs are **accredited** by the National Association for the Education of Young Children (NAEYC), an accreditation process that demonstrates a high standard of quality and developmentally appropriate practices.
- About 69 percent of Shared Visions preschool teachers have a four-year degree with the majority of the **teachers holding a degree in early childhood education**. In 94 of the 112 classrooms at least one degree teacher is present. The remaining teachers report attaining an Associates of Arts (AA) degree in early childhood education or a Child Development Associate (CDA) (see Figure 12).
- The qualification of four-year degree teachers dropped by 10 percent in 2004-2005. This trend can be directly attributed to the flat funding of these programs for over a decade. High quality programs must provide adequate salaries to retain highly trained staff.

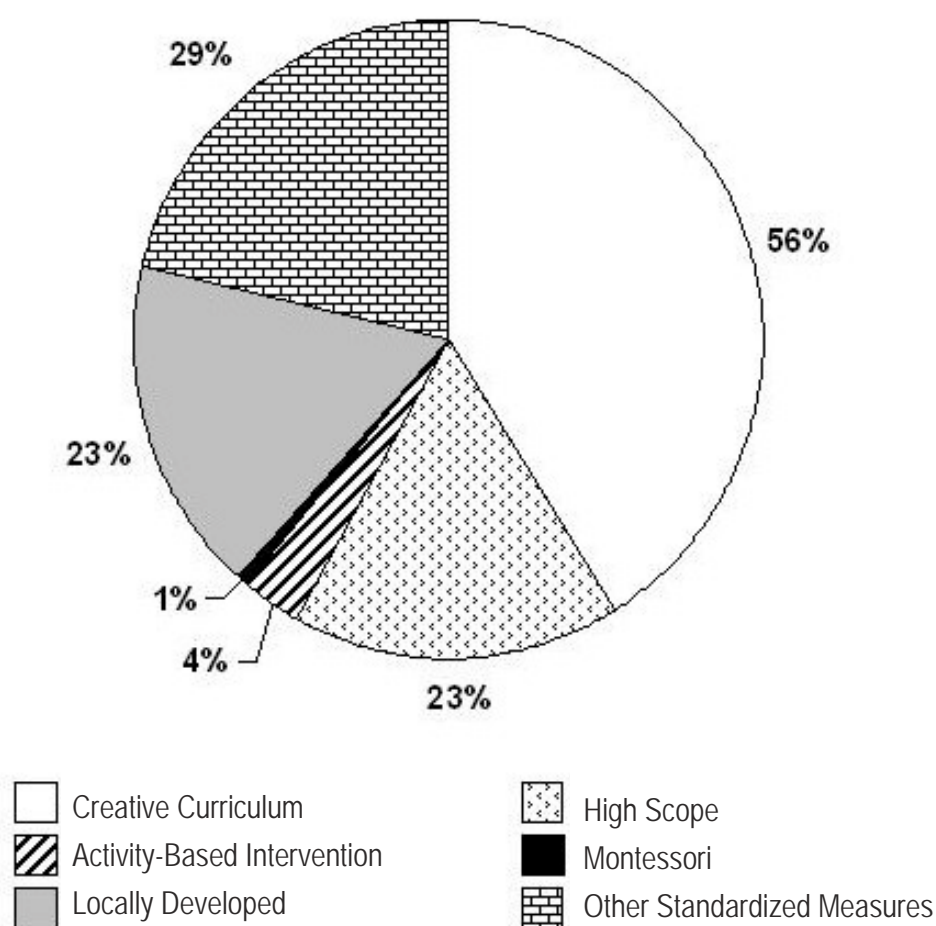
Figure 12. Qualifications of Shared Visions Preschool Teachers.



Well-articulated **curriculum** guides teachers to provide children with experiences that foster growth across a broad range of developmental and content areas. As shown in Figure 13, 85 percent of the programs reported using a standardized, goal oriented curriculum.

Curriculum

Figure 13. Curriculum Used in Shared Visions Preschool Programs.

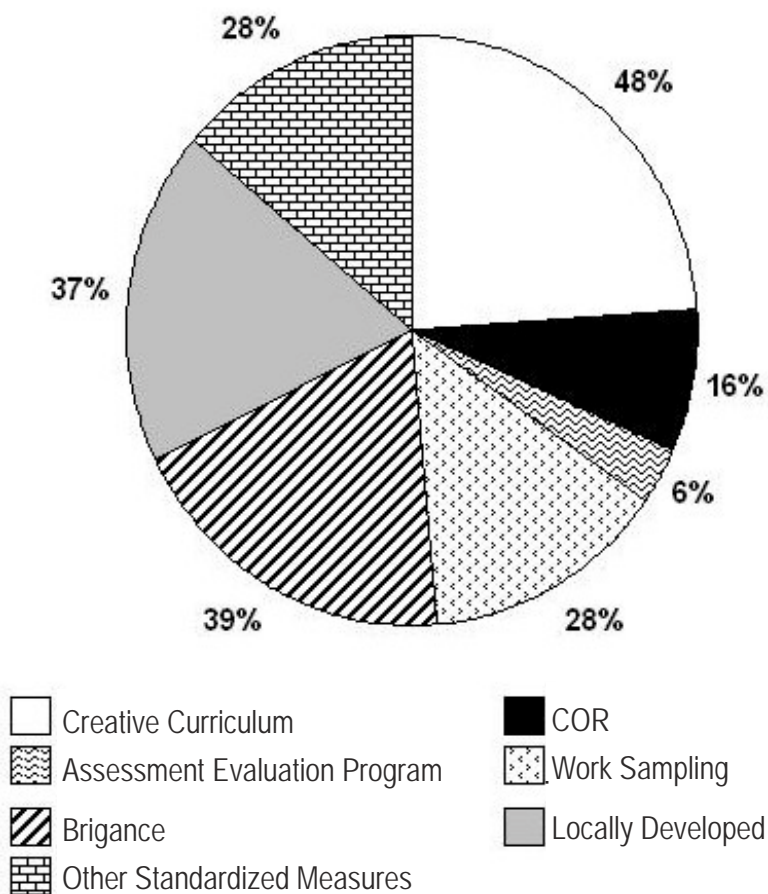


Note: The total percentage is larger than 100% because some programs use multiple curriculums.

Systematic child assessment

Systematic assessment of the children is essential in assisting teachers in planning appropriately challenging curriculum and tailoring instruction that responds to each child's strengths and needs. Figure 14 documents the child assessment tools.

Figure 14. Child Assessment Used in Shared Visions Preschool Programs.



Note: The total percentage is larger than 100% because some programs use multiple assessment tools.

Research supports the following known facts about quality preschool programs.

- Participation in high-quality preschool programs is associated with greater language, literacy, math, and cognitive skills; enhanced social development; and long-term school success.
- Participation in poor-quality preschool programs is associated with difficulties in academic and social development, poor language and math abilities, and poor self-perception.
- Results of longitudinal research (The Cost, Quality, and Outcomes Study Goes to School) show that children who participated in higher quality child care had better language and math skills from preschool into elementary school.
- The results of high quality programs were even stronger for children whose mothers had *less* education.
- Children who participated in higher quality childcare had better cognitive and social skills in second grade.
- These findings hold true even after controlling for background characteristics (mother's level of education, gender, and ethnicity) and the quality of the kindergarten and second grade experience.

Shared Visions preschool programs were evaluated by the Regents' Center for Early Developmental Education, University of Northern Iowa. The Early Childhood Environment Rating Scale-Revised (ECERS-R) is used to evaluate the preschool programs. This scale is nationally recognized as a reliable and valid assessment of quality in center-based early childhood care and education programs that is predictive of positive outcomes for children (Zan, 2003). The ECERS-R assessment examines seven areas related to program quality: space and furnishings, personal care routines, language-reasoning, activities, interaction, program structure, and parents and staff. The results of the ECERS-R for Shared Visions Preschool Programs were compared to preschool child care programs participating in the Midwest Child Care Research Study (see Figure 15) and other state funded prekindergarten programs (see Figure 16). Shared Visions preschool programs rate very favorably when compared to programs nationwide.

Iowa programs' average rating was 5.8 versus
the national average of 4.26
(scale of 1-7, with 5 being *good* and 7 being *excellent*).

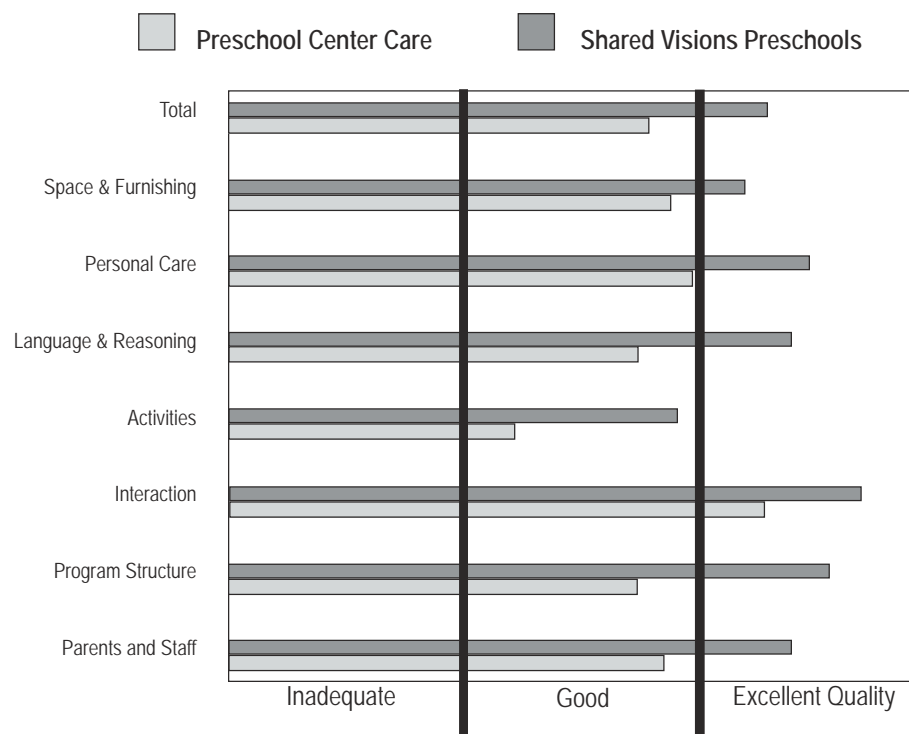
Over 91 percent of Iowa programs were considered good quality as
compared to less than 20 percent of programs nationwide.
(National Center on Early Development and Learning, 1999).

The Importance of Quality

How do Iowa's Shared Visions Preschool Programs rate nationally?

Only eight percent of the Shared Visions preschool programs scored in the minimal range, 59 percent scored in the good to excellent range, and 33 percent received excellent scores.

Figure 15. Iowa Shared Visions Preschools* Higher in Quality than Preschool Child Care Centers.



Data Source: Zan, B. (2003). Evaluation of Quality of Shared Visions Programs: Final Report to the Child Development Coordinating Council. Regent's Center for Early Developmental Education, University of Northern Iowa.

Figure 16. Comparison of ECERS-R Scores for Iowa Shared Visions Preschools Compared to Other U.S. Early Care and Education Studies.

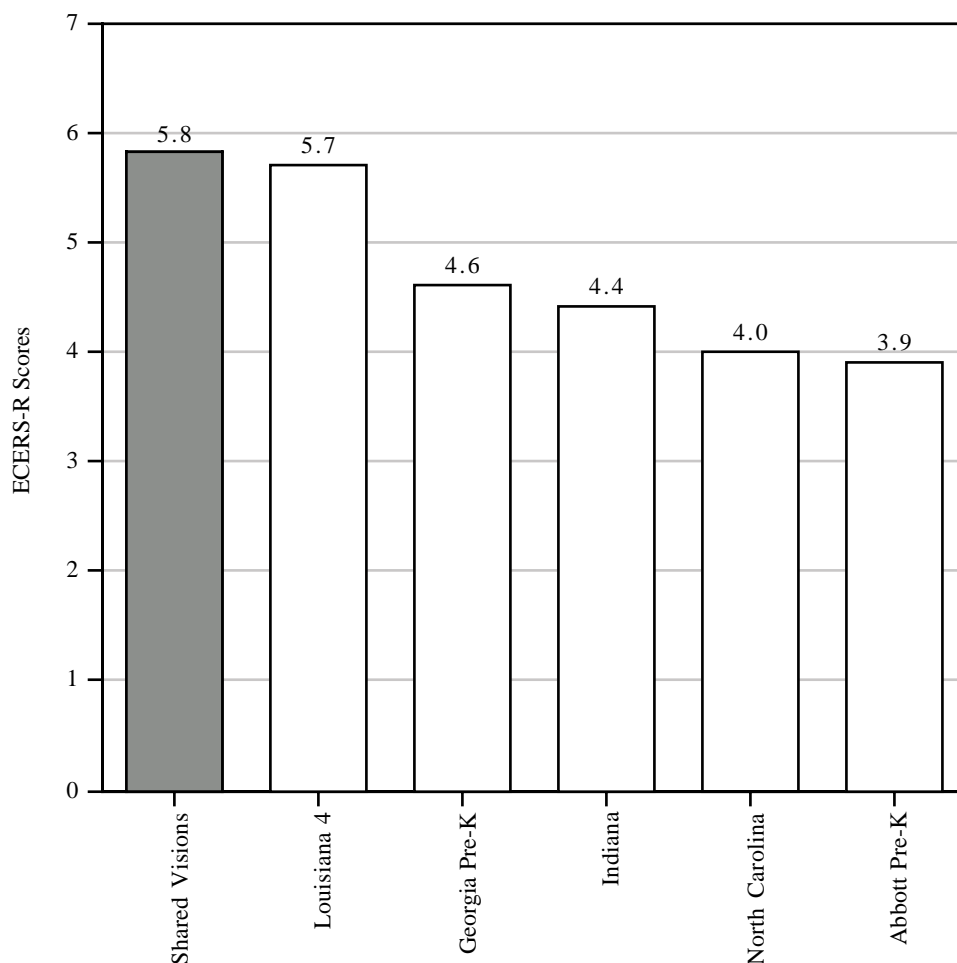


Figure 16. The results of the ECERS-R scores for Iowa's Shared Visions preschool programs were compared to other state's prekindergarten programs. Shared Visions preschools fared well demonstrating programs of quality.

Data Sources: Barnett, W.S., et al., *Fragile Lives, Shattered Dreams: A Report on Implementation of Preschool Education in New Jersey's Abbott Districts*; Zan, B. (2003). *Evaluation of Quality of Shared Visions Programs: Final Report to the Child Development Coordinating Council*. Regent's Center for Early Developmental Education, University of Northern Iowa.

Results

Strengths of Iowa's Shared Visions Preschool Programs

Areas of particular strength, as illustrated by the ECERS subscale scores in Figure 17:⁸

- ***Interactions between teachers and children promote social skills and problem solving*** - approximately 78 percent of programs scored in the excellent range;
- ***Program structure balances teacher directed and child selected activities*** - approximately 62 percent of programs scored in the excellent range; and
- ***Personal care routines that promote health and safety standards*** - over 59 percent of programs scored in the excellent range.

Shared Visions graduates' later performance in school

Research indicates:

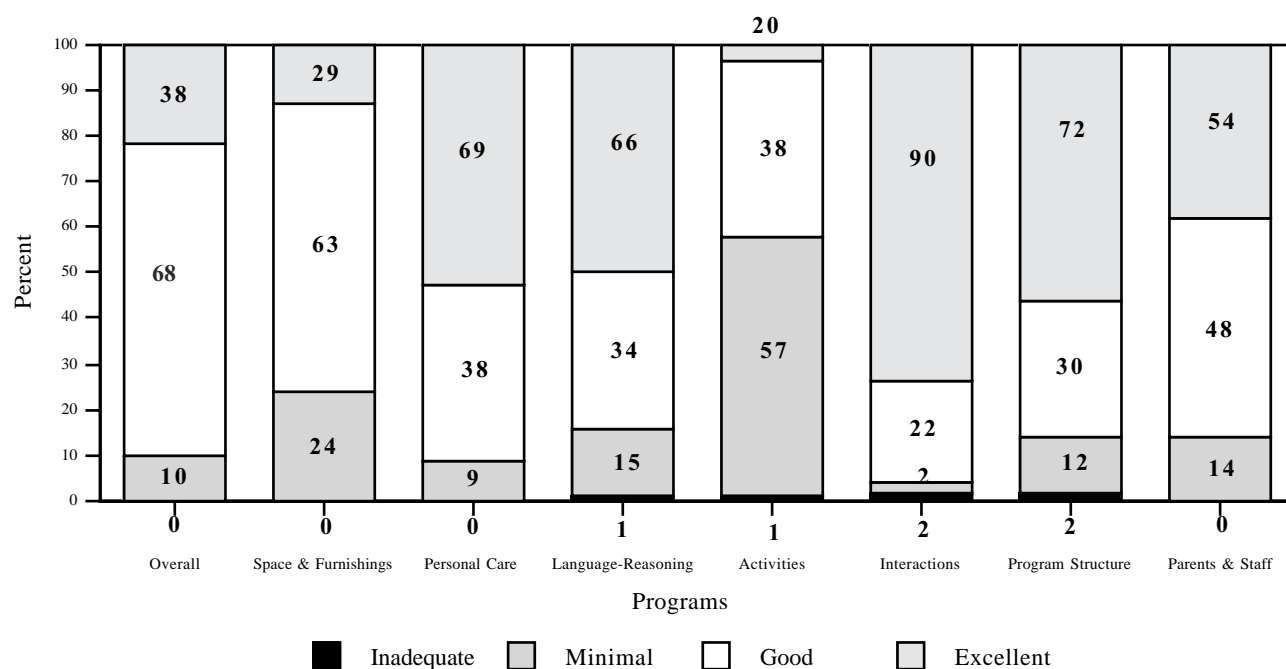
- ***Kindergarten Readiness*** – Shared Visions graduates met or exceeded kindergarten teachers' performance expectations in reading, writing, and problem solving (Zan & Edmiaston, 2000).
- ***Academic performance*** – Over 80 percent of the Shared Visions graduates were rated at or above average in reading and writing at the end of kindergarten (Zan & Edmiaston, 2000).
- ***Special Education Referrals*** – Fewer than 8 percent of Shared Visions graduates were receiving special education services by the end of kindergarten (Zan & Edmiaston, 2000).
- ***Long-term Effect*** – Second grade teachers rated Shared Visions graduates higher on internal assets, including positive values, social competencies, and positive identity, than children who did not participate in Shared Visions programs (Regents' Center for Early Developmental Education, 2000, unpublished data).

Long-term effect

Children who participate in high-quality early learning programs demonstrated greater school readiness and success through second grade than children who had been in low-quality care, even after controlling for family differences (National Center on Early Development and Learning, 1999).

⁸ Zan, B. (2003). Evaluation of Quality of Shared Visions Programs: Final Report to the Child Development Coordinating Council. Regent's Center for Early Developmental Education, University of Northern Iowa.

Figure 17. Distribution of Shared Visions Preschool Program Across Quality Categories.



Data Source: Zan, B. (2003). Evaluation of Quality of Shared Visions Programs: Final Report to the Child Development Coordinating Council. Regent's Center for Early Developmental Education, University of Northern Iowa.

Figure 17 represents the quality of Shared Visions Preschool Programs in each of the seven areas of program quality measured by the ECERS-R. The level of quality (inadequate to excellent) is represented by four different shades while the number located in each shaded bar represents the number of programs out of the 116 classrooms that received that level of quality. The overall score indicates that 38 programs received an excellent rating or about 33 percent of the programs, while 68 programs or 59 percent received a good rating. Only ten programs or eight percent received a minimal rating.

Supporting Early Care, Health, and Education Results

Shared Visions Preschool grantees contribute to the results of Iowa's Early Care, Health, and Education system in multiple areas.

- Children Ready to Succeed in School:
 - Shared visions graduates met or exceeded kindergarten teachers' performance expectations in reading, writing, and problem solving.
 - Over 80 percent of the Shared Visions graduates were rated at or above average in reading and writing at the end of kindergarten (Zan & Edmiaston, 2002).
 - Fewer than eight percent of Shared Visions graduates were receiving special education services by the end of kindergarten.
- Healthy Children:
 - About 57 percent of the children have health insurance.
 - Eighty-six percent of three-year-olds and 72 percent of the four-year-olds attending Shared Visions Preschools are appropriately immunized.
- Secure and Nurturing Child Care Environments:
 - Shared Visions Preschool Programs are accredited by the National Association for the Education of Young Children, the national standard of highest quality early childhood programs strive to achieve.
 - Many programs achieve the Department of Human Services Gold Seal Award, a mark of Iowa quality.
- Shared Visions Preschool Programs are accredited by NAEYC and provide access to high quality preschool experiences for approximately 2,405 children.

Future Needs

The impact of Shared Visions Preschool Programs can only continue by:

- Maintaining documented high quality Shared Visions Programs in Iowa communities. The level funding for the past 7 years and previous state budget cuts to Shared Visions programs have forced staff reductions, limited transportation, and decreased program days and hours. All of these variables have a negative impact on the quality of comprehensive child development services for at-risk preschoolers.
- Providing a cost of living allowance. It has become increasingly difficult for grantees to maintain qualified staff without funds to support salary increases. Qualified staff declined by 10 percent in the 2004-2005 year.
- Increasing state funding to improve space, furnishings, and quality books for programs (areas of concern identified by the ECERS-R results, 2002; and the ECERS-R self-assessment conducted by grantees, 2003).
- Providing funding for staff development to improve appropriate early learning activities for young children (area of concern identified by ECERS-R results, 2002).
- Providing additional funds to support new sites and accommodate the approximately 800 eligible children currently on the waiting list. No additional communities in Iowa have been provided the opportunity to apply for Shared Visions at-risk state funds since 1996.
- Providing funding to adequately support state positions for technical assistance statewide. Increasing demands for quality services (including, achieving and maintaining revised NAEYC accreditation) will require additional accreditation technical assistance and follow up for achieving NAEYC accreditation standards.
- Providing additional funding to address the increased fees to achieve and maintain NAEYC accreditation.

Part IV

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